

EMPLOYMENT APPLICATION - CITY OF DANVILLE, VIRGINIA AN EQUAL OPPORTUNITY EMPLOYER

To Applicant: The City of Danville appreciates your interest in becoming an employee, and assures you that the city is sincerely interested in you and your qualifications. Therefore, a clear understanding of your background and history is necessary for evaluation and possible placement of you into the best-qualified position. Detail descriptions help us to better understand your qualifications. Please complete entire application. An incomplete or falsified application is grounds for immediate disqualification. All statements are subject to investigation and verification by the Human Resources Department of the City of Danville, Virginia. It is the policy of the City of Danville Virginia to provide equal employment opportunity without regard to race, age, sex, national origin, religion, political affiliation, or handicap. The City of Danville is a drug & alcohol free workplace.

| | PERSONAL | | | |
|--|--|---------------------------------|----------------------------|----------------------|
| 1. Name | 2. Social S | ecurity No. | 3. Position Ap | plying For |
| Last First Middle | | | | |
| 4. Address | | | 5. Telephone N | Number |
| No. Street City County 6. Have you been employed by the City of Yes Danville before? | State Zip No Dates | of previous employment Fr | Home rom | Other To |
| 7. When can you begin work? | 8. What salary is expect | ed? 9. Do | YOU have a valid | |
| 10. For purposes of compliance with Section 40.1-1 you are legally eligible for employment in the Unite Citizen or if you have an appropriate permit to work | ed States. Yes No | (You are legally eligible for e | employment if you a | are United States |
| 11. Except for minor traffic violations, have you | ever been convicted of any | violation of law? Yes | s No | |
| If yes, explain. | | | | |
| 12.Do you have any relatives who work for the C | City? Yes No I | Deptosition | <u> </u> | |
| | EDUCATION | N | | |
| School Name and Addre | ss of School | Course of Study | Highest Grade Completed | Did You Graduate? |
| Elementary | | □ 1 □ 5 | □ 2 □ 3 □ □ 6 □ 7 □ | |
| High School | | 9 | |] 12 |
| College | | <u> </u> | 2 3 0 | |
| Technical/Other | | 1 | 2 3 0 | 4 |
| | MILITARY SERVICE F | RECORD | | |
| Were you in the U.S. Armed Forces? | | at Branch? | Ra | nk? |
| Dates of Duty: From/ To | List | Duties or special training | | |
| | EMERGENCY | | | |
| | In case of Accident or Emer | | | |
| Name | m. 1 | 0. | | |
| Address | Relationship | Home | | Other |

| | MPLOYMENT | | |
|---|---|----------------------|--|
| List each job held. Start with your <u>Present or Last</u> job. Ir | nclude military serv | vice assignme | ents and volunteer activities. Please complete <u>all</u> fields. |
| Employer | Date | es To | Work Performed |
| Address | | | |
| Phone Number | | | |
| Job Title | Hrly. Rate Starting | e/Salary Final | |
| Supervisor | | | |
| Reason for Leaving or Intent to Leave | | | |
| Employer | Date From | es To | Work Performed |
| Address | FIOM | 10 | |
| Phone Number | | | |
| Job Title | Hrly. Rate Starting | e/Salary Final | |
| Supervisor | | | |
| Reason for Leaving | | | |
| Employer | Date From | es To | Work Performed |
| Address | 110111 | 10 | |
| Phone Number | | | |
| Job Title | Hrly. Rate Starting | e/Salary Final | |
| Supervisor | Statung | FINAL | |
| Reason for Leaving | 1 | | |
| Employer | Date | | Work Performed |
| Address | From | То | |
| Phone Number | | | |
| Job Title | Hrly. Rate | | |
| Supervisor | Starting | Final | |
| Reason for Leaving | 1 | | |
| If you need additional space, please continue on a separat | e sheet of paper. | | |
| Summarize Special Skills And Qualifications Acquired Fi | | Or Other Evn | eriance |
| Summarize Special Skins / Yid Quantications / required 1 | iom Employment | or other Exp | ericine. |
| | | | |
| | | | |
| If applicable to position, how would you describe your compu | iter skill level? | Beginner | Intermediate Advanced |
| | BUSINESS RE | | |
| List three business persons who are not related to you a | | | |
| NAME & OCCUPATION | | ADDRESS | PHONE NUMBER |
| | | | |
| | | | |
| | | | |
| I hereby authorize the City of Danville to obtain from my F foregoing statements are true and correct to the best of my be considered sufficient cause for dismissal. I hereby au any shift to which I may be assigned. May we contact you your present employer if a job offer is made. The job of | knowledge. I und thorize the release ur PRESENT emp | of my Police ployer? | if employed, false statements on this application shall Record, if any, to the City of Danville. I agree to work Yes No If no, we will require a reference from |
| Applicant's Signature | | | Date: |
| rr | | | |

(PLEASE PRINT)

| As a municipal en responsibilities. | nployer, we comply with gov | ernment regulations ai | nd affirmative action |
|--|--|--|--|
| • • • | comply with government recase fill out this Data Record. | ord keeping, reporting | and other legal |
| This Data is for person your Application | eriodic government reporting for Employment. | and will be kept Conf | * |
| | | Date | |
| Position Applied I | For | | |
| Referral Sources: | Advertisement | _ | _ |
| | ☐ Employment Agency | Other | |
| | | | |
| | Equal Employment Oppo | ortunity Commission | Survey |
| | Equal Employment Oppo | on the sex, race, handi | · |
| applicants. This da Check One: | cies require periodic reports | on the sex, race, handi | capped and veteran status of |
| applicants. This da Check One: | cies require periodic reports on ta is for analysis and affirmate. | on the sex, race, handi tive action only. | capped and veteran status of |
| applicants. This da Check One: Ma Check one of the for Race/Ethni | cies require periodic reports on ta is for analysis and affirmate. | on the sex, race, handitive action only. Date of Birth Black | capped and veteran status of Hispanic |
| applicants. This da Check One: Ma Check one of the for Race/Ethni | cies require periodic reports on the isolata is for analysis and affirmable le Female ollowing: Group: White | on the sex, race, handitive action only. Date of Birth Black | capped and veteran status of Hispanic |
| applicants. This da Check One: Ma Check one of the for Race/Ethni | cies require periodic reports on ta is for analysis and affirmatic le Female ollowing: ic Group: White American India of following are applicable: | on the sex, race, handitive action only. Date of Birth Black an/Alaskan Native | capped and veteran status of Hispanic |